

PRINTED: 11/14/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2013
NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CAMAS			STREET ADDRESS, CITY, STATE, ZIP CODE 740 NE DALLAS STREET CAMAS, WA 98607		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Off-Hours Quality Indicator Survey conducted at Prestige Care & Rehabilitation on 11/3/13, 11/4/13, 11/5/13, 11/6/13 and 11/7/13. The survey included data collection on 11/3/13 from 7:00 pm to 9:30 pm. A sample of 27 residents was selected from a census of 63. The sample included 22 current residents and the records of 5 former and/or discharged residents.</p> <p>The survey was completed by:</p> <p>MS MSW BSS BSN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services District 3, Unit B, C & D P.O. Box 45819 Tumwater, WA 98504-5819</p> <p>Telephone: 360.664.8429 Fax: 360.664.8451</p> <p><i>[Signature]</i> 11/14/13 Residential Care Services Date</p>	F 000	<p>F000 Initial Comments</p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care and Rehabilitation - Camas does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency statements, facts, and conclusions that form the basis for the deficiency.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>			TITLE ADMIN		(X6) DATE 11/27/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 156 SS=D	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged; and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal</p>	F 156	<p>F156</p> <p>Resident #32's family member will be given a list of charges for the beauty parlor, which are not covered by Medicaid. Facility will also provide an Explanation of Charges form.</p> <p>Addition of specific charges, and their pricing, not covered under a Medicaid stay will be added to the facility's current admission packet, which is provided to resident and/or family on or shortly following admission to the facility.</p> <p>SSD and SSA re-educated on 11/26/2013 regarding explanation of charges and providing prices for those items not covered by Medicaid.</p> <p>To monitor for correction of deficiency, admission paperwork checklist will be used with admissions and reviewed at care conferences. Admission paperwork completion will be reviewed at monthly QAPI meetings for three months or until resolved to ensure compliance.</p> <p>Administrator will ensure compliance.</p>	11/30/2013.	

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F 156	<p>Continued From page 2</p> <p>funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>	F 156			

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F 156	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide residents/resident's representative, in writing, a list of services resident would or would not be charged for and changes to the list of services for 1 of 3 current sampled residents (#32) reviewed for resident rights. This failure placed residents/resident's representatives at risk of not being informed of charges and changes to charges residents would or would not be charged for when making financial decisions.</p> <p>Findings include:</p> <p>Resident #32 was admitted to the facility on [REDACTED] 05 and had diagnoses including heart disease, arthritis, Alzheimer's disease, and dementia.</p> <p>The resident's Minimum Data Set, an assessment tool, dated 09/24/13, indicated the resident was highly impaired in hearing and vision, had long and short term memory problems, was severely impaired with daily decision making skills, and had continuous inattention and disorganized thinking.</p> <p>On 11/04/13 at 9:56 a.m., a family member of the resident indicated he did not remember seeing a list of services and items the resident would and would not be charged for. "They let me know if they need some money, but nothing like that" (a list of services residents would or would not be charged for).</p>	F 156			

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F 156	Continued From page 4 On 11/05/13, a list of services and their cost was observed outside the beauty shop. On 11/05/13 at 3:53 p.m., the Social Services Director (SSD) stated the admission packet had a form providing information about what was and was not covered. This form did not provide information of the cost of services. This form was reviewed with residents/resident's representative at the time of admission. The SSD stated there was a list of extra services and their prices posted outside the beauty shop. The SSD indicated the list of services was only posted outside the beauty shop and was not provided to residents/resident's representative other than posted outside the beauty shop. At 4:32 p.m., the Administrator (ADM) stated the facility did not have a list of services they provided residents and resident's representative periodically of the services the resident would or would not have to pay for. The ADM indicated the facility had not provided a list of services to residents and/or resident's representatives when changes were made to the list of services resident's would or would not be charged for.	F 156			
F 247 SS=D	483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced	F 247	F247 SSD and SSA were re-educated on 11/6/2013 regarding facility policy, including forms for use in notification of room moves and receiving new roommates.		

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F 247	<p>Continued From page 5</p> <p>by: Based on interview and record review, it was determined the facility failed to provide notice to 2 of 20 current sampled residents (#39 & 88) reviewed for notification of roommate changes. This failure placed residents at risk for difficulty adjusting to a new roommate and potential diminished quality of life.</p> <p>Findings include:</p> <p>The facility's policy "Notification of Room Change/New Roommate" noted, "It is this center's policy to notify each resident in advance of room changes and new roommates."</p> <p>The procedure included the following: The Social Services Director/Designee would notify residents of upcoming room changes or new roommates in advance.</p> <p>1) Resident #39 was readmitted to the facility on 05/30/13 with diagnoses including stroke, diabetes and muscle weakness. The resident's Minimum Data Set (MDS), an assessment tool, indicated the resident was cognitively intact and required extensive assistance with most activities of daily living.</p> <p>On 11/04/13 at 2:13 p.m., Resident #39 stated she had not received prior notice before her current roommate moved into the room. The resident indicated she had been in the fireplace room and upon returning to her room, she found Resident #86 had move in.</p> <p>2) Resident #88 was admitted to the facility on 11/04/13 with diagnoses including rehabilitation, pressure ulcer, diabetes and dementia. The</p>	F 247	<p>Possible room moves and new admissions will be discussed in daily morning management meetings.</p> <p>Room moves will be reviewed each month at QAPI for the next three months or until resolved. Ongoing customer service satisfaction regarding rooms/roommates will continue.</p> <p>Administrator will ensure compliance.</p>	11/30/2013	

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F 247	<p>Continued From page 6</p> <p>resident's MDS, dated 09/22/13, indicated the resident was able to make needs known and was alert and oriented.</p> <p>On 11/04/13 at 4:11 p.m., when asked if notice of a roommate moving in had been given, Resident #88 stated, "No, they just brought the person in."</p> <p>On 11/05/13 at 4:15 p.m., the Social Services Director (SSD) stated, "We try to give a 72 hour notice if there is going to be a room change." The SSD provided a "Notification of Room Change" form which failed to document Resident #39 had been notified.</p> <p>The SSD stated, "We don't always notify if someone comes in on admit. If they are in a double room, they know they could get a roommate at any time."</p> <p>When asked if Resident #39 had been given notice prior to receiving a roommate, the SSD stated, "It [a social service chart note] shows we talked to her afterward to see how it was going on 07/30/13." According to the room change form, the date of the move was [REDACTED]/13.</p> <p>When asked if Resident #88 had received prior notice of receiving a roommate, the SSD stated, "I don't think we did on that one. We did not tell him he was getting a roommate."</p>	F 247			
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p>	F 279	<p>F279 Residents #88 and #137's care plans were updated regarding pain management, including non-pharmacological interventions.</p>		

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F 279	<p>Continued From page 7</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to develop a comprehensive care plan including measurable objectives and timetables, with specific interventions/services for the management and treatment of pain for 2 of 18 current sampled residents (#88 & 137) reviewed for care planning. This failure placed residents at risk for receiving inadequate care and services to meet the individual needs of residents.</p> <p>Findings include:</p> <p>1) Resident #88 was readmitted to the facility on [REDACTED] 13 with diagnoses including rehabilitation, [REDACTED] pressure ulcer, diabetes, heart disease, chronic pain, sleep apnea, glaucoma, kidney disease, muscle weakness and</p>	F 279	<p>Reviewed like residents' care plans to ensure pain addressed.</p> <p>RCMs were re-educated on 11/7/2013 regarding inclusion of pain care plan for residents who have the potential for or actual pain issues.</p> <p>Care plans will be reviewed each week at MDT to ensure pain is addressed as appropriate.</p> <p>DNS will ensure compliance.</p>	11/30/2013	

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F 279	<p>Continued From page 8 depression.</p> <p>The resident's Minimum Data Set (MDS), an assessment tool, dated 09/22/13, indicated the resident was alert and oriented, required two person assist with activities of daily living (ADLs), had limited range of motion in lower extremities, and received pain medication as needed for occasional pain.</p> <p>On 11/04/13 at 4:02 p.m., Resident #88 reported having pain. "There are certain exercises that cause pain."</p> <p>The Initial Pain Questionnaire, dated 09/15/13, documented the resident "had pain and discomfort in the past week."</p> <p>Physician Orders documented an order on 09/17/13 for [REDACTED] "apply to painful area on back PRN (as needed) for 12 hrs (hours)."</p> <p>Physician Orders documented an order on 09/15/13 for Oxycodone, 5 to 10 mg (milligrams), every 4 hours PRN for pain.</p> <p>Physician Orders documented an order on 08/08/13 for [REDACTED] 650 mg, every 4 hours PRN for pain and/or fever.</p> <p>Record review showed the resident's care plan did not address the resident's pain.</p> <p>On 11/05/13 at 1:12 p.m., Licensed Nurse (LN) A stated she was unable to find pain on the care plan of the resident's medical chart. LNA said, "I will add one now. There does need to be one for him with the condition he was in when he came</p>	F 279			

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F 279	<p>Continued From page 9 in."</p> <p>On 11/07/13, the facility provided additional information. A Preliminary Care Plan, dated 08/08/13, documented the resident would "experience desired pain relief as evidenced by stating so, or lack of evidence of objective signs of pain (moaning, wincing, etc.)."</p> <p>The Preliminary Care Plan did not provide measurable objectives and timetables, with specific interventions/services for the management and treatment of pain for Resident #88.</p> <p>2) Resident #137 was admitted to the facility on [REDACTED] 13 with diagnoses including rehabilitation, kidney disease, muscle weakness, Alzheimer's disease, depression, anxiety, dementia, heart disease, thyroid disease and communication deficits.</p> <p>The resident's MDS, dated 10/20/13, indicated the resident was severely cognitively impaired, experienced disorganized thinking, required extensive assistance with ADLs, and received PRN pain medication for occasional pain.</p> <p>The Admission Nursing Database, dated 10/13/13, documented "joint pain with movement."</p> <p>Physician Orders documented on 10/13/13 an order for Acetaminophen 650mg every 4 hours PRN for mild pain or fever.</p> <p>Physician Orders documented an order on 10/13/13 for [REDACTED], 650mg, to be given routinely twice a day.</p>	F 279			

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F 279	Continued From page 10 Record review showed pain was not included on the resident's care plan. On 11/05/13 at 12:57 p.m., LN B stated, "The resident does need to have a care plan for pain. It must have been overlooked. I will put in one right now." On 11/07/13, the facility provided additional information. A Preliminary Care Plan, dated 10/13/13, documented the resident would "experience desired pain relief as evidenced by stating so, or lack of evidence of objective signs of pain (moaning, wincing, etc.)." The Preliminary Care Plan did not provide measurable objectives and timetables with specific interventions/services for management and treatment of pain for Resident #137.	F 279			
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by:	F 412	F412 Dental appointment for resident #45 was scheduled and transportation arranged for 11/14/2013. POA and SSA discussed upcoming appointment and determined it would be cancelled secondary to denture type of preference is not covered by state plan, and family declines type that would be covered by same plan. Resident has stable weights, consumes a diet of regular texture and has no complications or pain related to dental issues.		

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F 412	<p>Continued From page 11</p> <p>Based on observation, interview and record review, it was determined the facility failed to provide dental services for 1 of 3 current sampled residents (#45) reviewed for dental services. This failure placed the resident at risk for chewing problems, potential weight loss and a diminished quality of life.</p> <p>Findings include:</p> <p>Resident #45 was readmitted to the facility on [REDACTED] 12 with diagnoses including dementia and dysphagia. The resident's Minimum Data Set, an assessment tool, indicated the resident was moderately cognitively impaired and required extensive assistance with most activities of daily living.</p> <p>On 11/04/13 at 12:51 p.m., Resident #45 was observed to have multiple missing upper teeth. The resident stated she could not afford dentures.</p> <p>On 11/05/13 at 11:59 a.m., Licensed Nurse (LN) C stated if a resident was in need of dental services, nursing would inform Social Services to schedule a dental appointment. When asked how residents could be assessed for and receive dentures, LN C stated, "If the family can't afford dentures, I don't know."</p> <p>On 11/06/13 at 2:36 p.m., the Social Services Assistant (SSA) provided documentation the Department of Social and Health Services declined to cover a particular type of denture for Resident #45 in 2011. The SSA confirmed an alternate type of denture had not been requested for Resident #45. The SSA stated, "We have not had that discussion at this time" and nothing had</p>	F 412	<p>Residents will be assessed at regular intervals with MDS assessments as required. In-house customer service and satisfaction surveys will also continue and SSD/SSA to follow up on any dental issues that may arise.</p> <p>Dental care plans will be reviewed at weekly IDT meetings and followed in monthly QAPI for 3 months or until resolved.</p> <p>DNS and SSD will ensure compliance.</p>	11/30/2013	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/19/2013
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2013
NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CAMAS			STREET ADDRESS, CITY, STATE, ZIP CODE 740 NE DALLAS STREET CAMAS, WA 98607		
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F 412	<p>Continued From page 12</p> <p>been done since 2011 to assist Resident #45 in obtaining dentures.</p> <p>The SSA stated she was aware of a provider who accepts Medicaid dental coverage for dentures and would work on scheduling an appointment for the resident.</p> <p>At 3:01 p.m., Resident #45 stated, "How do you get dentures without any money." The surveyor asked if there was a way to get them, would the resident want dentures? The resident smiled and said, "Oh yes, that would be wonderful."</p>	F 412			